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SALLY JOHNSON

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For many a New Englander the spring-board to success in life has been the small farm and the one-room district school. From such beginnings came Sally Johnson, who likes to refer to herself as a Connecticut Yankee. How a Connecticut Yankee differs from those of the other New England states is not clear. The true Yankee is descended from Anglo-Saxon stock and is expected to have the homely virtues of simplicity, industry, economy, taciturnity, faithfulness to duty, integrity and some sense of humor and wit. With the exception of taciturnity, she seems to qualify as a true Yankee.

Her parents were of English descent. There seem to be no other racial strains in her family tree. The earliest ancestors to arrive on these shores both on the Judson and Johnson sides came in the early part of the 17th century. The first Judson settled in Concord in 1634. Both families soon established themselves as small but prosperous farmers in southwestern Connecticut. Miss Johnson is in the ninth generation from these early settlers.

She was born on a small farm in the then smallest town in Connecticut. Her one brother is eleven years older, so that, in effect, she was brought up much as an only child. She was a very sensitive and thoughtful child. Attendance at the district school was accompanied by the usual hazards of country life—rain and snow, and walking to and from the school with luncheon in a basket. Miss Johnson says that there are many advantages in a district school, and if one is to learn one's own lessons, the power of concentration must be developed at an early age. Her first publicity appears to have occurred at the age of ten when the local newspaper announced that she and Master Howard Morgan went through the spelling book without missing a single word. In this item is to be found early evidence of the quality of thoroughness.

She attended high school in the neighboring town of Litchfield, and with a cousin, who later became a doctor and who has always been an influence in her life, made the journey daily with a horse and buggy. Following the high school period, she was graduated from the New Britain Normal School in 1898, and was one of a group chosen to demonstrate classroom teaching on graduation day. She had no difficulty in securing a teaching position at once, and successfully taught the fifth grade of the public schools of Winsted, Connecticut, for nine years. The suggestion that she apply for a teaching position in Hartford, a much larger city and presumably with greater opportunities, had no appeal for her. She was content to continue in the routine of fifth grade teaching, with week-ends and vacations spent in the home of her brother who, having married, was in process of rearing a family. Her devotion to this family and loyalty to the small town of her birth and to the town in which she taught are examples of an outstanding trait of her character. There were, at that time, comparatively few opportunities for women other than teaching. It probably was the influence of her doctor cousin which directed her attention to the field of nursing, and in August, 1907, she entered the Training School for Nurses at the Massachusetts General Hospital, shortly after it had joined with the Children's Hospital in sending students to Simmons College for their preliminary term.

Needless to say, she was accepted into the school at the Massachusetts General Hospital, from which she was graduated in 1910. It would appear that even during her student days, the thoroughness of her approach to every piece of work was manifest, and even in the rush of duties, she was careful to be thoughtfully helpful to those about her. She seems to have been extremely sensitive during this period. In her third year, the superintendent of nurses asked her to review some new textbooks on nursing and report on their relative merits. A few days later, she went to the office, and on the verge of tears said she could not do it. By questioning, it was found that she was reading each book

so thoroughly, her conscience requiring it, that she really could not do it with her other work. This incident is typical of that ideal of perfectionism which has always characterized her work. Only those who know her intimately will understand the thorough preparation which she puts into every piece of work which she undertakes, whether it be the equipping and administration of a new ward, an annual report, an interview with the family of a student, a speech, leading a discussion group, or any other activity or assignment. In her student days she showed the ability to direct the work of others, and was given responsibilities beyond those of the usual student. One evidence of this is that about four months before her graduation, she was assigned for a month as relief supervisor in the training school office.

On completion of her undergraduate course, she took a six-month postgraduate course in psychiatry at the McLean Hospital in Waverley, Massachusetts. She then felt ready for her first graduate position. With all her years of teaching experience, it was but natural that her first position in nursing should have been in the teaching field, and she was happy in accepting the position as instructor in practical nursing at St. Luke's Hospital in New Bedford, Massachusetts, where she remained a year. Before the completion of that year, she was asked to go to the new school of nursing at Peter Bent Brigham Hospital in Boston, again as practical instructor. She taught the preliminary students in the first two entering classes. One of those early students states "Miss Johnson is a delightful classroom teacher. It does not take long to recognize her keenness of mind which takes in everything and makes of her an exceedingly understanding person. I can hear her say, 'exactly,' to some one who had made a good recitation or a good explanation of a situation." In the summer of 1913, she was appointed assistant superintendent of nurses at the Peter Bent Brigham Hospital. This change in assignment was made because she had demonstrated qualities of organization and leadership which made her very valuable in the administration and organization of a new school of nursing in a new hospital. During this period, her thoroughness, loyalty, and cooperation were outstanding. Always the teacher, she utilized opportunities on the wards on every possible occasion for teaching.

In January, 1917, she left to become superintendent of nurses and principal of the school of nursing at the Albany Hospital in Albany, New York, which position she held with distinction for nearly four years. This was, of course, the period of the World War, and within a few months she had organized the nursing service of the American Red Cross Base Hospital of the Albany Hospital, which later sailed for overseas service under the direction of her assistant. The following year, Miss Johnson had leave of absence to serve as director of the unit of the Army School of Nursing at Walter Reed Hospital from July 1, 1918 to the Armistice in November. During this period, she taught the courses in nursing. The following year she served actively as a member of the legislative committee of the New York State Nurses' Association, and was in constant attendance at the hearings at the Capitol and a participant in presenting the case for the bill which was finally won. A reform which was instituted at the Albany Hospital during her tenure of office was in the reduction of hours of duty of special nurses from twenty-four to twelve hours.

In October, 1920, she was called to return to her own school at the Massachusetts General Hospital to become the superintendent of nurses and principal of the training school for nurses. She is in 1940 in the twentieth year in that position; no other woman has held this position for longer than ten years. The number of nurses who have been graduated during this period is more than half the total number of graduates of the school, although this is one of the oldest schools in the country. During her tenure of office, the school has doubled and trebled in size. The addition of three enormous new buildings to the hospital group has brought to her corresponding problems in supplying nursing for the patients. There has been, also, the problem of keeping abreast of the modern developments in nursing education. Among her accomplishments have been the standardization of ward equipment with weekly and

monthly inventories; re-arranging and enriching the content of the curriculum; improvement in the correlation of theory and practice; the employment of ward helpers, ward secretaries, floor duty nurses, a school librarian, a physical-social director; the addition to the faculty of such workers as a public health nurse and a supervisor of clinical instruction and staff education; and a reduction in the working hours of special nurses from twelve to eight. She excels in her ability to select and attract fine types of well-prepared women as members of her staff.

In 1923 she was appointed superintendent of nurses at the Massachusetts Eye and Ear Infirmary, an institution adjoining and closely related to the Massachusetts General Hospital. She is Associate in Nursing at Simmons College, cementing the relationship between the training school of the hospital and the school of nursing in the college.

During these busy years, she has found time to be a member of the Board of Directors of the National League of Nursing Education and of the Board of Directors of the American Journal of Nursing Company. She has served as president of the Massachusetts League of Nursing Education and president of the New England Division of the American Nurses' Association. For six years, she was president of the Suffolk County Central Directory for Nurses. In addition, she has been called upon to speak, to teach, and to write for publication. In the year 1931, she had leave of absence from her duties to do a year of work at Teachers College, Columbia University, where she carried a heavy program, earned a B.S. degree, and was an inspiring member of many of the classes of which she was a part.

Miss Johnson has a dynamic personality, an infinite capacity for work, a driving force which often keeps her overtime at her desk. She is a delightful companion, has humor and wit, and thoroughly enjoys a good joke, even at her own expense.

Her tremendous drive carries over to the members of her staff, who would hesitate to leave any piece of work until it is finished. Her faith that the thing which *should* be done *can* be done and her courage in attacking difficult problems serve to strengthen the determination of younger staff members to find ways to surmount obstacles. A quality which endears her to younger nurses is her ability not only to *see* the other person's point of view, but to *feel* it. This quality is, perhaps, the secret of her being able to help her younger associates to grow and develop. Another co-worker states that "she is so down-right honest that, for her, not only is 'honesty the best policy' but an absolute necessity." Her great belief in the integrity of others constitutes a relationship of give and take which helps others to mature. She seldom tells a worker that she thinks a thing is poor. By analysis of a situation, she causes them to tell themselves it is poor, and thereby provides a motive for their future conduct.

Her own work is always thorough and exact. There is no guesswork about what she says or does. She has that rare ability of making preparations and research in advance. She never calls a piece of work completed until she has put into it every possible effort. She is keenly intelligent, is proud and sensitive, has fine courage, and a wholesome respect for herself which carries her through or over the many difficulties of her position. She has no false pride about her own accomplishments, but when she feels she has found the solution to a problem, and is sure she is right, she will uphold that decision through any opposition.

Miss Johnson is a fine woman, a skilled nurse, an excellent teacher, an able executive, and a loyal friend.

CARRIE M. HALL

1927

THE REMINISCENCES

OF A

CONNECTICUT YANKEE

Healthwise and Otherwise



The New England Division of the American Nurses Association

Presidential Address

Given by Miss Johnson at New Haven Convention—The significance of last paragraph is more fully understood when the reader knows that the speaker of the evening took for her subject—"Whither Nursing."

April 11, 1929

Perhaps the fact that custom has exacted Presidential Addresses at the opening meetings of our various conventions, is one of the reasons why many qualified women decline nomination to the office of president. During the last month your President has felt that this custom is indeed sufficient reason for declining the office. Such addresses usually review the progress of nursing since the last convention, and foretell what should be the line of progress before the next. To this review and prophecy are added words of congratulation upon the past accomplishments and words of inspiration to stimulate further accomplishments.

Now, the recent past in nursing is reviewed on the printed page of the American Journal of Nursing. The future is the subject of our speaker of the evening. Therefore, I shall refer neither to the past nor to the future of nursing.

Our Constitution states that the third object of this organization is "to bring the New England Nurses into a closer fellowship." It is upon that statement that I claim my constitutional right to present the following variation as a Presidential Address. My only excuse for such a personal narrative is the hope that the incidents related may awaken pleasant personal memories in the minds of my hearers, and thus bring us all into closer fellowship. This hope is based upon the fact that many of my hearers were born and reared in rural New England. From others I beg indulgence. The narrative is fact, not fancy, and is entitled: "The Reminiscences of a Connecticut Yankee—Healthwise and Otherwise."

Over how long a period of time must memory carry to warrant the use of the word "reminiscence." Perhaps a memory which extends over nearly half a century is sufficient warrant. What qualifications entitles a woman to call herself a Connecticut Yankee? Perhaps a woman who is of the seventh generation to be born within thirty miles of this spot might qualify.

The speaker's maternal ancestors was one of three families to settle the town of Woodbury. Tradition states that when there was disagreement among the members of these families, the Minor family took their troubles to the Lord; the Atwood family took their troubles to the Law, but the Judson family kept still, stayed at home, and worked like Hell. The Connecticut Yankee is of the Judson family, and when she once related this tale to Dr. Herbert Howard he said: "I can understand how you came from the family that stayed at home and worked, but keeping still does not fit into the picture."

The Connecticut Yankee was one of two children, born eleven years apart. Therefore, the family physician, had seldom accompanied the stork to that household, and when he arrived one May morning in the early 80's and found the stork had again visited that household, he exclaimed: "Good heavens, is this what I am here for?" Pre-natal visits were considered unnecessary and hardly decent, but Doctor Gates knew all the perils of maternity. He was once heard to remark: "If the husband and wife took turns bearing the children there would never be more than three in the family. The wife would have the first child, the husband the second and the wife the third. There would be no more."

The second summer brought what was then called cholera infantum,—today called summer complaint. As a last resort whiskey was given, and as a child the Connecticut Yankee often heard that whiskey had saved her life. She rather enjoyed hearing this for the tale indicated that her life was of some importance. There was little outward evidence of family affection in that matter-of-fact New England family, and this bit of evidence of appreciation was treasured.

This dose of whiskey later brought about an amusing situation. In the early 90's the Women's Christian Temperance Union was in its most active stage. The junior organization was the Loyal Temperance Legion which recruited its members from the emotionally unstable age. At those meetings there were enthusiastic songs, there was stirring marching and soul-searing tracts with weird stories which pictured the awful results of

strong drink. These meetings were held Sunday afternoon, and Sunday afternoon in a little town forty years ago was very dull. Camp fire girls, junior Red Cross, girl scouts and the 4 H Clubs were unheard of. Consequently, membership in that Loyal Temperance League was very desirable. But, a requirement for membership was a signing of the temperance pledge. Whiskey had once saved the life of the little Connecticut Yankee and who knew but what there might be another such call. In her family a pledge was a pledge, and loyalty to the saving power of whiskey conflicted with the requirements of this pledge. The child withstood much pleading, many accusations and an occasional allusion to eternal damnation. By making herself extremely useful to the organization by doing the mean jobs, by learning to read the weird stories in the most harrowing manner and by bringing more than her share of good food, she managed to gain all the pleasure of that organization without affixing her name to the temperance pledge. Remember that was the day when the substantial citizens, both men and women wore a little bow of white ribbon to publicly declare their stand on the question of prohibition.

Nor was that the only association with strong drink. For what drink is stronger than hard cider? It was stored in the cellar, not by the gallon or by the keg, but by the barrel. One of the earliest fears experienced by the Connecticut Yankee, was that of being alone with her mother for several nights while the father "went out to watch," at the bedside of a sick neighbor. What a strange term "watch." It indicated watching for a change, watching for evidence of some need, and often watching for death. Night after night that mother and child heard some one walking around in the cellar,—the snap of the spigot,—the swish of the stream of cider. The mother said: "That's probably Jim." (The hired man.) The child knew the mother was afraid, but only re-assuring words crossed her lips. The experiences of those nights taught self-control. The cellar door was never locked and the man was never told to keep away.

The fears of the country reared child are very different from those of the city reared child. With Spring came the tramp. One who was a ventriloquist frightened the subject of this sketch out of nearly a year's growth. The "Old Leather Man" who lived in a cave near the town of Wolcott was harmless and his first visit through the countryside was a sure sign of Spring.

But there were strange men who were natives. No one understood senility. Mental hygiene was unheard of and custodial care for the person with a mild form of mental illness would

have been looked upon as depriving a citizen of his rights. Therefore, Rufus Black lived in his dilapidated old house, opened an umbrella over his bed when he crawled in at night, pushed unsplit chunks of wood into the always open door of his air-tight stove, until he finally burned up his old house. He "lost his mind" so his story went, because his girl jilted him to marry his brother. His most treasured possession was reported to be the diamond ring the girl had returned. Many a youth and maiden hoped to get a glimpse of that diamond ring.

Then there was old Mr. Prince who lived all alone down by the saw mill. A beautiful wife had died young, and he had once been a prosperous citizen, but gasoline engines came to saw the timber in the woods where it was cut. There were no children to look after him. Mr. Prince was overtaken by senility and walked through the streets by day and by night. He often bought rice which he ate raw, followed the rice by quantities of water. He explained that the rice then swelled, and as a result he felt well fed on the expenditure of only a few cents.

Then there were two strange women, wealthy and of high social station, belles of a former day who returned to the farm of their ancestors. There they lived in seclusion, victims of a group of drugs which could be bought at any country store,—Jamaica ginger; Paregoric, and laudanum. There was no Harrison Law. These women were cited as an example of the awful end which might come to any little girl who grew too fond of paregoric. It was well to endure some green apple stomach ache.

Dosing was looked upon with disfavor. Prevention had a definite place. If one sneezed, generous inhalations from the camphor bottle prevented many pneumonias. If one stepped on a rusty nail, lock-jaw was less likely to "set in" if a large piece of salt pork were bound over the place where the nail entered. A wide piece of red flannel bound around the neck about November 1st did considerable toward preventing sore throats. About March 1st, a narrow strip of the flannel was cut off each week, until the piece got down to shoe string width about April 15, and then could be entirely removed without danger. Opinions varied about the wisdom and method of washing the neck between the dates of November 1st and April 15.

Rheumatism was an integral part of every grandfather, though sometimes relieved by arnica. Women of a certain age talked of their symptoms and bidding little girls "run along and play" discussed the merits of a much advertised "compound." Some grandmothers prolonged an appearance of youth by pin-

ning a dark switch on to their graying heads, and by darkening the gray part with a generous application of sage tea. Others were sure their tresses were thickened by the hair tonic of the Seven Sutherland Sisters.

Many of the health rules of today received scant attention forty years ago. Water did get inside the body in fairly liberal quantities,—not by means of eight glasses a day, but by means of a frequent draft from the tin dipper in the water pail. For many months of the year very little water got on the outside,—below the clavicle, or above the oleocranon process—about the only time was Saturday night. The cold morning plunge was not into cold water but into the frosty air of the bedroom. Of fresh air there was a plenty. Fresh vegetables and fresh fruits made a creditable showing. Eggs, cereals, jellies and the appetizers such as “pick-a-lily” and ketchup were there. But pie,—how did the Connecticut Yankee or any child of her generation survive the pie. Contemplate that row baked every Saturday morning,—custard or one crusted apple pie being the first to soak its crust was eaten that Saturday noon. The tart pie (interpreted boiled cider apple sauce) was eaten on Sunday noon;—pumpkin on Monday; a two crusted apple pie on Tuesday, and Wednesday; the hardy mince could be saved for Thursday. Friday brought rice pudding for relief, and Saturday started off with the repeated program.

Infectious diseases visited the little community, but for some unknown reason did not spread. One of the earliest recollections of that new species, the trained nurse, was when the local news in the Waterbury American had this item: “Miss Emily Bissell is ill with typhoid fever. She has a trained nurse. All her friends extend heartfelt sympathy.” There actually was just as much sympathy extended to the family because of the presence of the trained nurse, as was extended to Miss Emily Bissell because of the presence of Typhoid Fever.

Child psychology and habit clinics were not known. Summer camps had not brought relief from the continued strain of child care, and at times the tension got rather taut. Parents talked of using common sense in bringing up their children and on the whole they used it. Yet the parents of today would do well to recall some of the mental anguish they suffered as children,—often inflicted by those who loved them best. Children are always asking father to tell “something that happened when you were a little boy.” The Connecticut Yankee remembers the mental agonies she suffered as the result of the response on the part

of her father to such a request. The story went something like this: "When I was a little boy, Jed Clark had a thin old spavined horse. Jed owned very little land and he let his horse feed up and down the highway. The horse was a nuisance to the neighbors and was a miserable old creature anyhow. One dark night another boy and I lead the old horse down into the woods and shot him." Then followed a description of the old man's hunt for the horse, the questioning of the two boys, and the midnight burial of the old horse. The small girl asked: "But father didn't you steal that horse?" There could be only one answer. Next she asked: "If you were found out could you have been put in jail?" "I suppose we could have been" was the honest answer. The damage was done. Only those who know the mental reactions of a high strung child, who know the love of an only daughter for a worthy father can understand the suffering of the little girl. For days no strange man came on to the farm but what she feared that he was some one who had found out who killed that horse and that perhaps he was the constable who had come up from Watertown to take her father to jail. She got up at night to see if he were safe in bed. The story was never retold,—the members of the family were too busy recovering from one telling.

Another similar experience resulted from the child's desire to possess a pair of ponies, and what country child of the early 90's did not long for a pair of ponies. Explanation as to the cost of ponies, cart, harness, feed and the necessary care of these made no impression. Children of all generations have some times teased to the point of exasperating their elders, and probably at just that point a member of the household told the little Connecticut Yankee that if she were Mr. Jordan's little girl (he was the richest man in town) she could have a pair of ponies. He was building an ice pond on the place, and the fact that he was plainly seen from the kitchen window probably accounted for the suggestion: The idea of adoption flashed through the child's mind so she inquired if it would be good form to approach Mr. Jordan on the subject. Displaying poor judgment, an adult member assured the child that such an approach would be in quite good form. So down to the ice pond went the little girl to take up the subject of adoption with Mr. Jordan. He responded favorably to having a little, red haired, freckled face girl in his home, and the ponies were promised for immediate delivery. Two members of the family amused themselves the remaining part of the afternoon by stimulating the enthusiasm of the child, and

did up her night dress and a small shawl ready for her departure. She was assured that when she went to live with Mr. Jordan she would have far grander clothes than any she now possessed and so, of course, would not need to take her dresses. Quitting time came. Mr. Jordan with his oxen hitched to a stone-boat, stopped in the drive. The little Connecticut Yankee tucked her bundle under her arm, nodded good-by to her mother and to a maiden aunt, walked out the door and was half way across the yard when she saw her father standing at the barn door. There was a strange look on his face. The child stopped, looked at Mr. Jordan, then at her father, then back at Mr. Jordan and then again at her father, who spoke not a word. She threw her bundle down onto the ground and ran to the waiting arms of her father, walked right up the front of him for he was a big man. He hugged her a minute, set her down and led her off to help do the chores. That man probably never heard the word "psychology" but he knew some of its principles for he kept the child busy and entertained until bed time. Few children of today know the black darkness of the rural nights of yesterday. No half-light from the street lamp, no occasional light from the passing automobile. The moon never did shine when one felt especially frightened, and that night a frightened child tossed in her bed, and sat up again and again to peer out into the dark room in an effort to recognize familiar objects and so assure herself that she was at home. That wound was a lasting one.

In the little town of five hundred persons were found examples of all the social problems and social diseases. There was the gambler, the misappropriator of funds, the delinquent boy, the feeble-minded girl, the sex-pervert, the unmarried mother, even the taker-of-life, for in 1886 the most prominent young woman of the village was shot to her death by an itinerate hired man, he himself the black sheep of a good family of the neighboring town of Goshen. The life of the small New England village had its tragedies. There were no organized welfare societies. A great deal was expected of the only one,—the church, and its activities were circumscribed indeed.

Nor were all the neighbors kindly and friendly. Once a misguided neighbor caused much unhappiness in the family of the Connecticut Yankee over an alleged cruelty to a farm animal on the part of the child's father. There was a long and costly lawsuit. The father withdrew his church membership and never again entered its doors, the mother at this time became an invalid, and the brother went away to school. The small daughter, aged

eight, however, must continue at church and Sunday school. That family asked no favors of neighbors in the way of carrying an extra passenger to church so Old Tom, the sorrel horse, harnessed to the Concord wagon, was led to the horse block each Sunday morning at ten thirty. The Connecticut Yankee climbed into the seat, the reins were put into her hands, the horse was started and she was told to pull the rein on the same side as the whip socket when she reached the church drive. No further guidance was necessary for old Tom as the result of the habit of fifteen years, turned into the family church shed, and would back out and come home unguided.

What a reminder of a foolish neighborhood quarrel that child must have been as she sat all alone in that great family pew half way down the center aisle. She occupied that pew all alone for five years, until her brother brought his bride to it. Mrs. Atwood, the little old lady who sat behind must have felt that the child was lonely for she dropped many pink and white peppermints over the back of the seat and many a sprig of fennel.

Have any of you ever heard the bell of a country church toll out the announcement of the death of one of its parishioners? Will you ever forget the sound? It gave a feeling of awe and reverence. The bell tolled four times and paused if the person who had passed on was a man, three times and paused if a woman. The total number of tolls equalled the age of the departed. Neighbors counted the toll and some were always "surprised at the age." Soon neighbors travelled from door to door (telephones in homes could be counted on the fingers of one hand) the virtues of the deceased were discussed. There might be an allusion to the probable amount of the estate left, and the hour of the funeral was discussed. One lady was often heard to remark: "I always like to go to funerals. It gives me an opportunity to see how people's houses are furnished." The visitors soon dispersed to survey the larder, perhaps to stir up a cake, or boil a ham, for after supper and the chores were done, teams were seen driving toward the home of the bereaved family,—"a little something" was being taken over, for relatives and friends would be coming long distances and all must be fed before the return journey. The personal service that was rendered in the hour of distress was one of the outstanding virtues of rural New England of a half century ago. The memory of one such service will be cherished in the mind of the Connecticut Yankee as long as memory lasts.

On a fierce, wintry night, wind blowing, snow falling and drifting, the first grandchild of the home lay desperately ill with membranous croup. The doctor had to be brought but digging had to be done before the barn could be reached. The girl now in her teens held the lantern while the father dug his way to the barn. Looking across the field she saw a neighbor's lantern, evidently being carried around the door yard. The digger remarked: "Mr. Holcomb is late with his chores tonight." Half an hour later a knock came at the door, and in response to the call "come in," Mr. Holcomb entered. He stamped the snow from his boots. He broke the ice from his eyebrows and said: "I watched your lantern for a while and I heard your sleigh bells. I knew that no one was getting out a night like this unless it was necessary. I knew your little girl was ill, and I thought perhaps I could do something for you so I came over. Is there anything I can do?" The young mother of the sick child replied: "Father has gone for Doctor Pike, and he must take the doctor back. The digging will have to be done all over again for the snow is blowing. If you could wait and make this second trip with father it would be a great help." "I shall wait," said Mr. Holcomb. It was long after midnight before horse and man were bedded, and work on a New England Farm, even in winter, began at five thirty in the morning. How memory treasures such examples of neighborly kindness!

Time will allow for only the briefest reference to the social customs of that little village. Today the old folks shake their heads as they observe the parked cars along the road sides of the little town, but have these old folks explained to this generation the custom of "bundling," prevalent in this very region one hundred years ago? Probably not. And who in this room, born in the 70's or 80's has told her daughter or her niece all the details of pung straw rides in winter, and of buggy dashing in summer? The swain who owned a horse that would stand without hitching did not consider himself entirely out of luck. And what of the old game of Post Office? Is it strange that the youth of today turn a deaf ear to the prating of the youth of yesterday?

A moment must be taken to relate a fashion craze that blossomed during the summer that high-crowned sailor hats were in fashion. When the wearer of the sailor hat was a brunette, a red, yellow or pink silk ribbon encircled the crown of her hat and a sash ribbon of the same color encircled her twenty-four inch waist. When the young woman was a blond, green, blue, or white were the colors of her ribbons. If the young woman's

best fellow (the word boy friend had not been coined) had a "snappy" turnout; she tied three quarters of a yard of her sailor hat ribbon into a perky bow on his horse whip. This was considered a little bizarre, and was not allowed by ultra-conservative mothers, to which group the mother of the Connecticut Yankee belonged. Nevertheless, many blue, red, and pink bows were swung over the backs of well-groomed bays and grays in the summer of '96.

The older women had their hats trimmed on the congregation side. If the family pew was on the left, as the church was entered, the violets and lilies of the valley were sewed on the right side of the hat, and if the pew was on the right side of the church, the trimming went on to the left side of the hat. To have the smart milliner of the next town say: "Your pew is on the left side of the church, isn't it Mrs. Whittlesy," was a mark of distinction.

Next Saturday evening after this convention is over, the Connecticut Yankee will visit her home in that same little town of less than six hundred souls. She will not go by train, and by the horse drawn mail stage, lumbering through mud up to the hub,—a journey of half a day, but by motor over a macadam road in about an hour and a half. Forty years ago when she came within site of the house, the light of an oil lamp extended its welcome from the front of the house and the light of another oil lamp in the kitchen showed that supper was being prepared. Next Saturday night, the house will be lighted all over and even out on the front porch because electricity has reached the town. The house will not have been cleaned by a corn broom dampened with tea leaves, but by a vacuum cleaner. When she calls her friends on the telephone she will not stand up in front of a cumbersome instrument and whirl a crank, she will only remove the receiver from the hook. Later in the evening the Connecticut Yankee will turn on the radio and listen to the Boston Symphony Orchestra playing one hundred miles away in the city of her adoption. The family and the home comer will discuss ways and means of installing a Crane equipped bathroom, and ways and means of installing a heating system that turns on the heat by moving a thermostat an eighth of an inch. That night she most certainly will not sleep on a feather bed, but on a hair mattress.

On Sunday morning a gray-haired woman, with another generation of Connecticut Yankees, will sit in the same church pew where the lone little girl sat forty years ago and ate the pink and white peppermints and the yellow fennel. But what a change!



MEDICAL SERVICE AFFAIRS

The Medical Services have continued to adapt themselves to the vagaries of Procurement and Assignment. The latest are the suggestions that we double our number of interns for the months of April, May, and June of 1946, which of course we cannot do, and the abrogation of the 9-9-9 program. Veterans now being eligible for residencies outside the quota, we have been able to increase our resident staff to a total of nine at the present writing. The demobilization plan which has been set forth in a special brochure lately printed, calls for twelve interns, eight regular assistant residents, two residents, and one chief resident—the term of service in each rank being one year. In addition to these there are authorized "demobilization extras" to the extent of two residents and four assistant residents. Of the nine now on duty, six are veterans. Dr. Charles H. Burnett, as Chief Resident, is doing a fine job in putting the whole new house staff program into effect. He is providing retraining for the greatest possible number of veterans by giving to each according to both his ability and apparent need. Some need more than others, therefore sometimes appointments will be made to two men for six months each instead of to one for a year. We are fortunate to have return to us, as residents, Drs. Lewis K. Dahl, John B. Stanbury, and James E. Kreisle.

As to the Visiting Staff, it may be said that all but a very few of those who went to war have been demobilized. We are grateful to Dr. Willard S. Parker (*EM* 1911) who returned to active duty at the hospital to help out during the war, and also to Dr. Henry S. Forbes.

It is a great pleasure to have with us for six months Dr. Edwin J. Kepler of the Mayo Clinic. Dr. Kepler is taking a semi-sabbatical year, and elected to come here to engage in original work and study. He received the appointment of Physician pro tem, and in that capacity has been of great assistance on the wards, in teaching, and in the work of the Thyroid Clinic.

A period of reconstruction is the logical time for reform and development. One of the greatest needs of the Medical Department is to improve and make more interesting the work in the medical Out-Patient Department clinics. During the war years and continuing, Dr. Earle M. Chapman has rendered invaluable service in keeping the clinics going at all. To those of our staff members, reduced in numbers, who struggled on there while beset by greatly increased demands of private practice and public service of one sort or another, we are grateful. Now, with a full staff again, the opportunity to

raise standards of practice and quality of instruction lies before us. To take full advantage of this, a staff reorganization has been planned and will become effective April 1, 1946.

J. H. Means, M.D.,
Chief of Medical Services

(The conclusion of this article by Dr. Means will appear in the next issue.)

At the meeting of the Board of Trustees held on March 8, 1946, the following resolutions were passed:

Sally Johnson has been Superintendent of Nurses and Principal of the Training School for Nurses at the Massachusetts General Hospital since October 1920. She is a Hospital alumna of the Class of 1910 and returned to head the School after ten gruelling years of varied nursing activities. She taught at St. Luke's Hospital in New Bedford and at the Peter Bent Brigham in Boston. She left the Brigham with the rank of Assistant Superintendent of Nurses to become Superintendent of Nurses at the Albany Hospital at Albany, New York. It was during her four years there, at the time of the first World War, that she organized the nursing staff of the Albany Base Hospital for service at the front and later was Director of the Army School of Nursing at Walter Reed Hospital in Washington. In 1920 she accepted a call to return to the Massachusetts General Hospital as Superintendent of Nurses and Director of the School of Nursing, which posts she has served with the most honorable distinction ever since. Her service at the Hospital covers the past twenty-five years—the only break in the continuity being a year's leave of absence when she worked, under great pressure, at Teachers College of Columbia University to obtain her B.S. degree.

During her term of office she has seen vast changes at the Hospital. She has been faced with the many problems incident to a great building program and to the immense development of the nursing service to meet the needs of that program. She has seen two enormous new buildings erected, all to be staffed and organized by the Nursing Service, while at the same time the School has had to more than double in size to handle the new demands put upon it. The recognition of Nursing as one of the Professions, with its growth and development, has been her constant aim, and her ambitions for her chosen field have borne manifold fruits. Many non-essential duties have been taken off the Nurses' shoulders by the substitutions of ward helpers, maids, and secretaries; while the hours on duty have been reduced from twelve to eight. With the lifting of the physical burden has come a corresponding rise in tone, shown in improved bedside training and increased staff education. With the curriculum enriched and strengthened the School has blossomed under Miss Johnson's wise guidance, and her dream for a Liberal Arts degree for candidates in the Nursing Profession has finally been consummated in the recently devised coordinated program with Radcliffe College.

The war years have seen Miss Johnson in heroic light. She has stuck to her post unflinchingly, seeing with gallant pride one hundred and seventy-four nurses leave the wards for the Federal service. As the Hospital was slowly decimated, she had to cope with the endless problems of a great public institution striving to function normally during a

national emergency. There were the wards to be covered, the Cadet Corps to be recruited and trained, and the great mass of volunteer workers to be fitted into the pattern of hospital life. As always, her standards have been impregnable and her courage unflinching. With her hand on the Nursing helm she has carried her department triumphantly through the hard war years, working long days to serve a great Hospital in its hour of need. Miss Johnson is always considerate of another's point of view but is never afraid to express her own. It is her integrity, her loyalty, her independence and her dynamic enthusiasm that have endeared her not only to her pupils but also to all who have worked with her in this great organization. She is an acknowledged leader in all the principal nursing organizations. Her influence and her reputation as an enlightened and far-seeing teacher and administrator have spread throughout the nation. She has brought great honor to the Massachusetts General Hospital.

As we all know, Dr. Washburn has been serving as Director of Cambridge Hospital during the war years. On March 1, Colonel Engelbach returned from his long duty overseas and resumed his position as Director.

In appreciation of the fine way in which Dr. Washburn carried on through the difficulties of civilian work, Dr. Engelbach says: "When I left to enter the Army I was glad there was someone who, I knew, was well able to handle the job efficiently, despite any adversities that might arise—and they were legion. When I returned, Dr. Washburn gave back to me a hospital plant which is in excellent condition and a staff which has more than measured up to the many demands it has been required to meet. But—over and above all this—was the willingness on Dr. Washburn's part to forfeit well-earned and well-deserved leisure and assume this heavy responsibility as his contribution toward winning the war. This sentence from a letter I have just received from a mutual friend expresses what I mean much better than I can say it myself: 'Dr. Washburn has been a great soldier through these years.'"

Mr. Elmer C. Gray, for many years an orderly in the General Hospital, died suddenly at his home on February 28. Mr. Gray had given faithful service for many years. Before coming to the hospital, he studied law and was admitted to the Massachusetts Bar Association in 1904. He entered this hospital on June 7, 1917, as a member of the course given to orderlies, and received his certificate on July 24, 1919. He remained here until April 1920, when he went to the Salem Hospital, where he was an orderly for many years. In December 1936 he returned to duty in Massachusetts General.

Dr. Myles P. Baker was the speaker at the monthly Medical Staff meeting on March 4. His subject was "Scrub typhus in the Southwest Pacific". Dr. Baker had a considerable experience with this disease down there during the war. He has very kindly contributed this summary of his talk.

Approximately 6,000 Army personnel will have returned to the States with a history of recovery from scrub typhus—about 90% of them from the Southwest Pacific Area, where preliminary data indicate that in 1943, 1944, and the first eight months of 1945 the disease carried a mortality of about 4%.

In retrospect, experience with scrub typhus (more properly designated tsutsugamushi disease) in SWPA developed through three phases:

a) The first, from the last weeks of 1942 to the summer of 1943, was a period of recognition of a disease entity new to medical officers, and some uncertainty as to the prognosis for complete recovery.

b) The second period, extending through the remainder of 1943 and early 1944, was one of clarification of the clinical picture and epidemiological features, and of study of preventive measures.

c) There followed the appearance of scrub typhus in terrain different from that hitherto observed, and in geographical areas from which the disease had not been reported. A definite Theater policy could be established as regards the rehabilitation of convalescents from scrub typhus.

Prior to the war, scrub typhus had been recognized in the Mandated Territory of New Guinea by Gunther, an Australian, who collected 100 cases of "Endemic typhus", chiefly from an area later the site of combat, among white workmen engaged in clearing jungle. He emphasized the seriousness of a disease that carried a 20% mortality, and its similarity to tsutsugamushi disease in clinical picture and agglutination reactions with Proteus OXK. Australian and American troops, on moving into jungle combat on the Kokoda Trail and in the Buna-Gona campaign, forthwith began to develop scrub typhus. Early diagnosis was not easy. The telltale eschars were often missed. The diagnosis might be confused by the finding of malarial parasites in the patient's blood smear. The characteristic course of the fever in its second and third weeks became increasingly familiar, and in these early days often made the clinical diagnosis. Scrub typhus was a formidable antagonist in troops depleted by exhausting jungle combat—the mortality in one such group of 150 Australian cases being 25%. The first postmortem studies done on fatal American cases at Port Moresby emphasized an interstitial myocarditis, interstitial pneumonitis, and perivascular cerebral lesions. The lack of specific chemotherapy gave the disease a frightening reputation. There was not a little talk of probable residual myocardial damage. Study of convalescent patients did not, however, produce evidence of this. Most convalescents from scrub typhus were returned to duty at an average of 10-12 weeks from onset of the infection.

A Commission, headed by Dr. Francis Blake, began its comprehensive study of scrub typhus at Dobadura in October 1943. Survey of clinical cases emphasized:

1) The need for painstaking search for the eschar, usually found above the level of the hips.

2) Recovery from the blood of acutely ill patients, between the 4th and 9th days of fever, of *Rickettsia orientalis*, in all respects identical with the etiological agent of tsutsugamushi disease.

3) Absence of signs of myocardial insufficiency.

4) Relation of cyanosis to pneumonitis, not to heart failure.

5) Absence of specific therapy, ineffectiveness of penicillin or digitalis, and importance of nursing care and supportive treatment.

Cases of scrub typhus continued to develop in the Dobadura area after active combat had ceased. This was, in the summer of 1943,

becoming a huge training area and base, with combat and service troops arriving in large numbers. Tent areas were established in uncleared jungle and unmolested kunai grass clearings. Repeatedly, in units where scrub typhus prevailed, the incidence was highest in the 2nd, 3rd, and 4th weeks after moving into the uncleared camp site. The early days of occupation were the dangerous ones, with scrub typhus breaking out 7 to 18 days after exposure to infection. Clearing the camp sites apparently did away with the trombiculid mites suspected as being the vector of the disease. Strains of *R. orientalis*, the cause of the disease in humans, were isolated from pools of such mites recovered from rats and bandicoots, taken in areas where scrub typhus was prevalent. From the pooled brains of rats, the same *Rickettsia* was recovered. The dangerous mite is the unfed larval mite of appropriate species that is infected with this rickettsial disease by inheritance from its preceding generation. Seeking a blood meal, it will accept man as an accidental host. Its preceding generation will have acquired the rickettsial infection during its larval feeding on small animal hosts infected by the bites of other infectious mites.

Control measures were accordingly directed at mite reduction by clearing tent areas of brush and grass, aiming at a dryness that would adversely affect the moisture-sensitive mites in the surface soil. Since these clearing operations required exposure to infected mites in the process, it was desirable to provide soldiers with clothing impregnated with mite-repellent. Five percent dimethylphthalate in 2% soap solution was found to be non-irritating to the skin. It was effective despite exposure to salt water and prolonged rainy weather, and suitable for troops engaged in jungle combat.

Military operations in 1943-44 confirmed the epidemiological findings at Dobadura. Two to three weeks after the parachute infantry jumped in the Markham Valley, and landing forces established beachheads at Cape Gloucester and Saidor, scrub typhus fever cases developed and continued as troops operated under jungle combat conditions. Seventy-five cases that developed on Goodenough Island in November and December 1943, followed exposure of newly arrived units setting up their area in kunai grass. Combat at Aitape and Hollandia accounted for the rise in scrub typhus cases in May 1944. The danger of infection was unpredictable. A kunai grass clearing in every detail similar to one in which scrub typhus prevailed might prove safe for troops.

The outbreak of scrub typhus at Owi and Biak in July and August 1944 presented new features:

1) It was by far the largest epidemic in number of cases. It constituted a threat to success of military operations. Fortunately, it was mild in severity.

2) Scrub typhus occurred in a different terrain; dense underbrush provided cover for mites. There were no kunai grass clearings.

At Sansapor, in August 1944, the task force developed scrub typhus in an explosive outbreak soon after landing. The dangerous areas here were unprecedented—abandoned "native gardens", with much undergrowth choking banana plants and coconut palms. Several units were hard-hit by scrub typhus. Had their landing been more severely resisted, the disease would have been a serious handicap to our task force.

In the latter two outbreaks, the use of impregnated clothing for personal protection against mites played a promising part in control of the epidemics. Bearing in mind the impression gained earlier in the year that scrub typhus patients tolerated poorly early evacuation, the Sansapor cases, in particular, were not brought out to rear bases until they were fever-free.

Further study of scrub typhus of convalescents in the New Guinea bases revealed no residual heart disease. Electrocardiographic studies did not indicate persistent myocardial damage. Rarely, a particularly hard-hit soldier was evacuated to USA because of his exhausted state or a complication such as thrombophlebitis or peripheral neuritis. The great majority of convalescents were returned

to duty. It is true, however, that in at least one Infantry Division, it was common policy to reclassify within the Division scrub typhus convalescents returned to duty. For one reason or another, their stamina was not up to the mark for combat infantry duty.

No scrub typhus had been reported from the Philippines. It did, however, occur sporadically, following the typical course on Mindoro: landing in December 1944, the first case admitted on D+12, and the bulk of the 100 cases reported in January and February 1945 receding as tent areas were cleared and need for combat patrols decreased. Cases were reported from Samar, and Negros, and Luzon, usually from grassy areas similar to the kunai grass clearings of New Guinea.

SWPA experience with scrub typhus was like that of the CBI Theater, save for a smaller incidence of cases in Burma. The same increase in mortality was noted among troops depleted by jungle combat. The 5% mortality among acute cases studied at the 20th G.H. is similar to the over-all figure for the SWPA. The clinical features of the disease in Assam and Burma were in no way different from those seen in New Guinea. It is interesting that captured reports indicate that the Japanese recognized the disease among their troops in Burma, for there was no record of their doing so in New Guinea.

Experience has taught that when man exposes himself to field conditions wherein he may become an accidental host for infected larval trombiculid mites, scrub typhus will appear in hitherto unreported districts. Circumstances prevailing in the SWPA and Burma extended the map of scrub typhus and made it an important medical disease of war.

At the same meeting, Dr. Arthur S. Pier, Jr. and Dr. Lewis K. Dahl described their clinical experiences with scrub typhus cases in the combat areas.

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DERMATOLOGY DEPARTMENT

Last month we said we hoped we might be able to publish in this issue summaries of the talks which were given at the previous monthly Staff meeting. In response to our appeal, Dr. Walter F. Lever very kindly sent this condensation of his speech. His subject was "Boric acid—its pharmacologic action and its toxicity".

The effectiveness of boric acid ointment and boric acid solution in the treatment of acute inflammatory dermatoses is well established. In contrast to many other topical applications, boric acid solution and ointment rarely cause irritation even on severely inflamed skin. Furthermore, specific allergic sensitization which not infrequently complicates the topical use of drugs such as sulfonamides, penicillin, and ammoniated mercury does not occur with boric acid.

Three percent boric acid solution has a pH of 4.8, approximately that of the normal skin surface. The surface of acutely inflamed, oozing skin has a pH approximating or exceeding 7. Boric acid solution tends to correct this abnormal pH. Furthermore, boric acid solution is, though to a limited degree, bacteriostatic. It acts as an astringent because it causes less swelling of the protein of the epidermis than blood serum which bathes the epidermis in oozing dermatoses. Its damaging, caustic effect on the epidermis is minimal, less than that of most other acids, since it precipitates protein only to a slight degree.

The absorption of boric acid through the intact skin is negligible, but when applied to areas denuded of epidermis it is considerable. Thus, the danger of poisoning from the external use of boric acid solution and ointment appears small, provided they are not used on large denuded areas, such as burns, and on large ulcers. As a matter of fact, only 4 cases of fatal poisoning by the external use of boric acid ointment or solution are recorded in the literature, and there is justification for doubt that boric acid poisoning actually caused the death in any of these cases.

at their Staff Meetings, Dr. C. Guy Lane has begun to send to THE NEWS copies of his monthly bulletins. From the February bulletin we have taken this paragraph:—

The last Staff Meeting was held on January 18, at which time Dr. Lever discussed the use of boric acid in the treatment of skin disease. Although there have been a number of cases of poisoning from accidental ingestion of boric acid reported within the last year, its dermatologic application need not be feared under ordinary circumstances. Dr. Damiani presented a résumé of literature regarding the use of magnesium salts. Although little used for the treatment of skin disorders, these agents may be worth further study.

Although it is too late, now, for more complete summaries of Dr. Lever's and Dr. Damiani's talks to appear in this issue, it may be possible to secure these write-ups for the April number.

In January we began to publish condensations, by the speakers, of talks given at the Medical Staff Meetings. Because of the many enthusiastic comments which followed the introduction of this new column, we are hoping to publish, in the future, similar contributions from other departments throughout the Hospital.

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A group of twenty-five master students from Simmons College School of Social Work attended a series of six lectures at the Hospital during early February, as a part of their hospital project devoted to the subject "Emotional component in illness".

At the first meeting Miss Cannon, Miss Barbour, Miss Kellogg, and Mrs. Eunice Allan spoke on "Orientation to the project" and "The development of Psychiatric Social Service at Massachusetts General Hospital". The rest of the program contained such subjects as psychiatric consultations on medical and surgical wards; adult and child psychiatry; problems in psychosomatic medicine; emotional aspects of chronic disease, thyroid disease, and eye and ear diseases; language problems; gastro-intestinal disease; psychiatric social service to patients with medical conditions; and the work of the Psychiatric Research Unit.

The members of our Staff who gave the lectures are Doctors Bandler, Lindemann, Cole, Beckman, Rawson, Finesinger, and Chester M. Jones.

During some of the discussions social workers contributed their knowledge of the patient and his personal and social problems as part of the complete management and understanding of the patient.

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A highly prized addition has just been made to the Archives collection. The East Medical pup has set up kennel in the Archives Room! One of the duties already taken over by him is that of guarding the many priceless treasures which surround him. Another is to greet, in the cordial manner of most dogs, all visitors to the Archives Room. We hope you will enjoy him.

As is customary with all thoroughbred canines, his kennel history accompanied

his arrival. To refresh your memories, should you have forgotten the important part the little fellow has played for many years in East Medical affairs, we give you the following, as written by Dr. Aub, his first master.

The little dog was given me off a Christmas tree in Ward 30 on Christmas Day, 1914, at which time I had reached the exalted position of Pup. His name was originally "metabolism pup", I suppose because I was already interested in metabolic problems. Everybody liked the perky little toy and every House Officer, on becoming Pup, wrote his initials somewhere on the back. Before this was done, several of the older men on the Services initialed it. The first one is D.L.E. (David Edsall), then comes F.L. (Frederick Lord, our Visiting Physician), then W.W.P. (Walter Palmer, who was the first Resident at the Hospital), and J.H.M. (James Howard Means, East Medical 1913, who at that time was Walcott Fellow). I cannot make out the next initial. It might well be John Favill, East Medical 1914; then would come Phil Pearson's initials, and after that probably come mine. Every man then initialed the pup along the back to the tip of the tail. None of the letters on the back are now visible, though I think a little careful scrubbing would clarify them, for the initials along the tail are still clear.

Until the fireplaces were removed from the center of the ward the pup used to sit on the mantel, getting an occasional new ribbon as the old ones wore out. For almost thirty years he was the mascot of the East Medical Service.

Dr. Means was made custodian of the critter by the East Medical House Officers at the beginning of this last war, with the understanding that the pup should be restored to the Service when the prewar program should be resumed. Since the prewar program is not to be resumed and there won't be any more Pups (with a capital P), Dr. Means, after these years of conscientious devotion to the responsibility placed upon him, felt that he should be relieved of this extra curricular duty, decided that the Archives Room was "the only fitting repository for the precious relic", and said we might have him if we promised to be kind to him. So here mr. pup is, and highly honored are we by his presence.



On February twenty-first, Miss Sally Johnson retired from the position of Superintendent of Nurses and Principal of the School of Nursing of the Massachusetts General Hospital, a position she has held for just over 25 years. During these years, as new buildings have been added and the patient census increased, the School has been doubled in size and the graduate staff multiplied many times to keep pace with Hospital needs. Over 1930 of the School's 3060 graduates have been graduated under Miss Johnson and through her leadership prepared for nursing service by a sound and progressive curriculum.

In accord with modern trends, she introduced new groups of workers to the Hospital. The ward helper, the ward secretary, the staff nurse, the assistant head nurse became new and important members of the ward staff.

In 1923, Miss Johnson was appointed

Superintendent of Nurses at the Massachusetts Eye and Ear Infirmary.

Due in large part to the vision and efforts of Miss Johnson, a coordinated program leading to both degree and nursing diploma was established in 1945 with Radcliffe College.

During her busy years, she has found time to represent the Hospital and the School at professional and educational meetings and has held many important offices in the nursing organizations.

Her infinite capacity for work and her driving force are seldom equaled. Miss Johnson will be missed by her friends and co-workers at M.G.H. who have enjoyed her ready humor, appreciated her loyalty and understanding, and cherished her friendship.

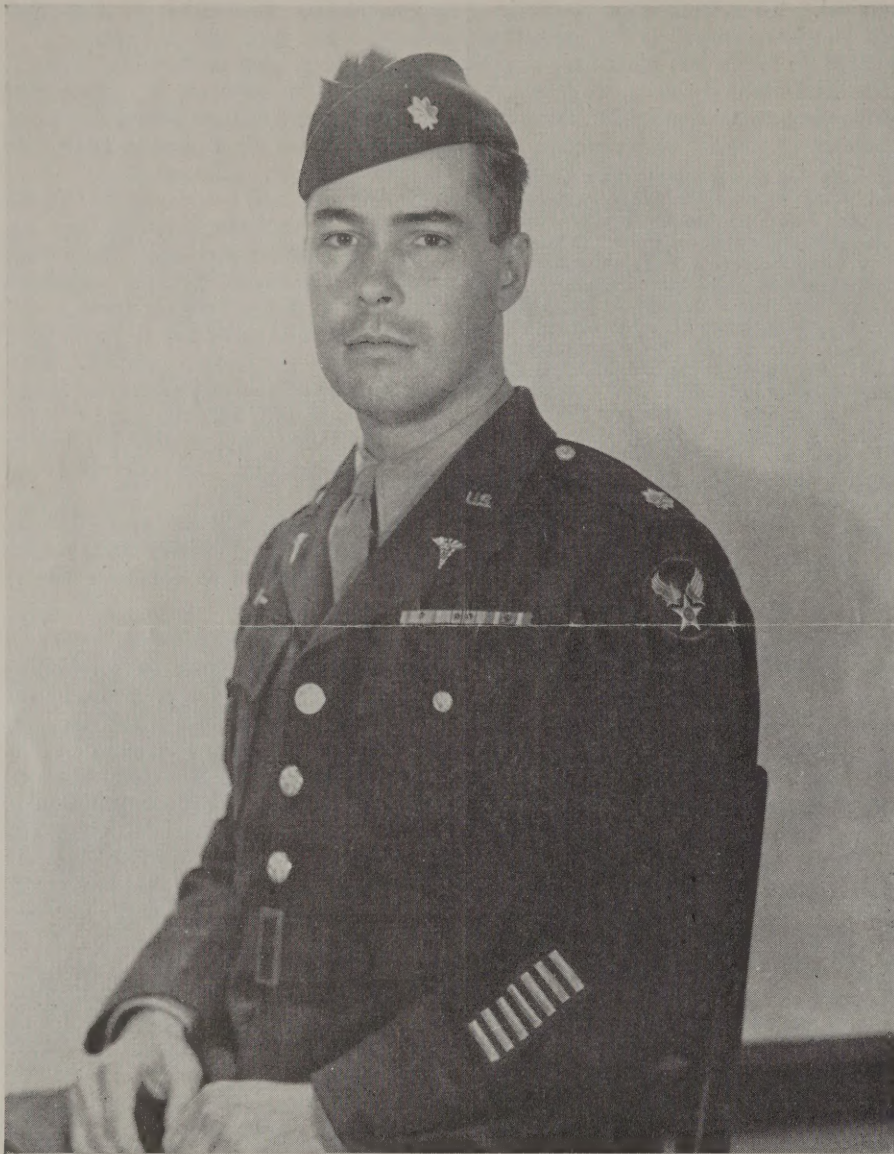
Miss Johnson will be succeeded by Miss Ruth Sleeper (MGH 1922) who has been her assistant for over twelve years.

On Wednesday, March 20, a reception will be tendered to Miss Johnson, by the Ladies' Visiting Committee and the Advisory Committee on the School of Nursing, in recognition of her long years of service and distinguished contribution to the Massachusetts General Hospital. The affair will take place at 8:30 P.M., in the Moseley Memorial Building. All members of the hospital family are cordially invited.

The new class of 34 student nurses entered the School of Nursing on February 5. This was the smallest class admitted for a good many years. These students came from homes in most of the New England states, and also from Virginia and New York. A reception and tea was held for them and their families in the Walcott Home the day of their arrival. The tea was given, as has been the custom, by members of the Ladies' Visiting Committee and the Ladies' Advisory Committee to the School of Nursing.

Graduation exercises were held this year on February 7, at 8:30 P.M., in the Moseley Building. Bishop Sherrill, Chairman of the Board of Trustees, presided. Mr. W. K. Jordan, President of Radcliffe College, gave the address—the title being "Frontiers in education". There were two musical selections sung by the Glee Club. Miss Johnson gave her report of the School for the year just passed, and, as Bishop Sherrill reminded the audience, this was her twenty-sixth such report—a memorable record. The graduating class numbered 152—the largest ever to graduate from the School.

The first senior cadets to be assigned to the U.S. Indian Service started their term of service in February. The assignments were as follows: Miss Allene Hiller to the Turtle Mountain Agency, Belcourt, North Dakota; Miss Ann Pendleton and Miss Calista Robie to the Navajo Medical Center, Fort Defiance, Arizona.



MAJOR JAMES K. KEELEY, MC, AAF (NS 1937), WHO WAS HELD AS PRISONER FOR OVER THREE YEARS BY THE JAPANESE GOVERNMENT

a more traveled highway. I, personally, would not have made this last leg of the trip without arms, but on we went without event. It is said that the Japs have infiltrated into the Army bivouacs and stolen food many times at night. In spite of having been urged by emissaries sent out to them, and in spite of the radio used near the region, very few prisoners are surrendering. Perhaps the Commander was trying to put a bit of scare into us, but I have heard from several other sources that this is correct about there still being many unsundered Japs. The war is over, but I must confess I felt as uncertain as I would have in the thick of a heavy battle.

We are still tentatively slated to return to Seattle, but that really means very little because a change of orders can take us to Hong Kong tomorrow. I got all hepped up about the reduction of points for doctors, only to see in writing that they would be dropped to 47 instead of the 40 I had been told. I still anticipate being home by Christmas, anyhow!

Lots of luck and best wishes to you all, my good readers, and don't fail to write once in a while.

NOW IT CAN BE TOLD

Even so, restraint is the keynote of this letter from Major James K. Keeley, MC, AAF (NS 1937). Here is Major Keeley's story, as told in the first communication we have had directly from him since his long imprisonment by the Japanese government. Never was a letter

more anxiously awaited by all of his friends.

It is always a pleasure to be on the receiving end of communications with the M.G.H., and particularly do I feel that to be true with regard to THE NEWS. It is a most welcome journal.

After spending a year in Rochester, Minn., on a Fellowship in Surgery, the Army indicated I must not delay past August 15, 1941 in starting active military duty. So, with several other Reserve Officers I began to work in the Station Hospital, Fort Douglas, Utah. With two months' experience, the Headquarters Squadron of the Fifth Air Base Group (B-17) picked me up for foreign service. With brief stops at San Francisco, Hawaii, and Guam, we finally learned that our hitherto secret destination, PLUM, indicated Philippines, Luzon, Manila.

The outfit set up in tents on Del Monte Air Field, on northern Mindanao, December 1, 1941. The tents were taken down in a hurry one week later — our pretentious plans for barracks, clubs, swimming pools, and other facilities scrapped. Native nipa shacks that were not conspicuous from the air became ever so much like home. The B-17 squadrons that were to follow us were routed off to Australia, so we prepared to service any and all comers. And many there were who came — from Luzon, and went — south to Australia (Darwin just ten hours away). Our men waved off President Quezon, General MacArthur, and a host of other military personnel, who departed by B-17 and B-24. Finally, in May 1942, some Japs came, but they didn't "went". We all had to stay put after that.

There were about one thousand Americans taken on Mindanao, with an additional two hundred civilians. A group of us continued to do medical work at our first camp, Malaybalay, until we were moved in November 1942 to Davao, where another thousand men from Bataan and Corregidor joined us. We learned then, for the first time, how much worse they had fared at the surrender and the first few months thereafter. The local papers these days have much to say of the kindness and humanity of the Japanese General Homma during that period. The many men who died should be given a chance to speak in rebuttal.

At Davao (POW Camp #2 of the Philippines) I was in charge of the malaria patients outside the hospital, which involved 95% of the two thousand men there. The Japanese gave us minimal amounts of medicines, instruments, and supplies, and yet expected much in the way of preventive medicine in the group which was steadily losing weight and showing increasing signs of deficiency diseases. The Red Cross POW parcels helped tremendously in morale and in reducing morbidity and mortality among those who became ill. At Christmas 1942, 1943, and 1944 every man received four small boxes, each containing some sixteen items. After months of weed soup and rice, corned beef, butter, chocolate, and vegetable stew are delicacies beyond description.

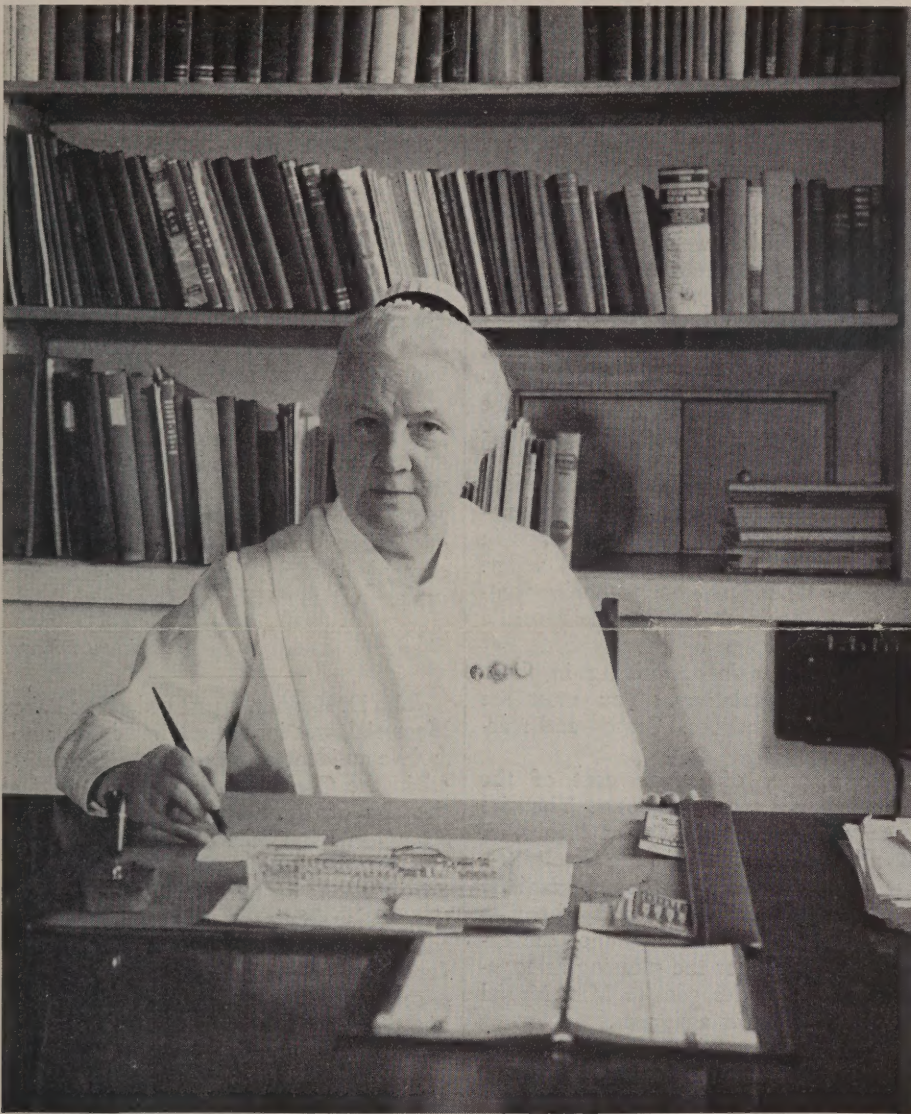
During this time we had little reliable news of the course of the war, obtained from Filipinos or culled from the Japanese propagandized Manila paper. In 1944 a secret radio was constructed which brought us to the realization that it was to be a race between the Japs in their efforts to remove us from the Philippines and our troops then moving northward from New Guinea.

In July 1944 about seven hundred of us left Manila for Japan, spending two months on the way because of repeated boiler failure. Finally, in September, one hundred fifty Americans joined two hundred British POW's in the newly built stockade at Funatsu (altitude 2500 ft.), across Honshu from Osaka and Tokyo. There, with snow six feet deep in January, the men worked in day and night shifts at a factory smelting lead and zinc. The men averaged fifty pounds under weight, with ninety percent of the group showing gross dependent edema and disturbed sleep from peripheral neuritis. At this time our ration was radish soup and rice. When the warm weather came, the men could again wash their clothes and thereby greatly reduce the number of lice with which we were all infested. It was a miracle that none of the feared epidemic diseases visited us.

The B-29 bombing of Osaka and the other large cities changed the complexion of things for the Jap. Three hundred assorted POW's (nine nationalities) were set up in Toyama in a new camp — their old one in Osaka having been leveled with the rest of the city. Being made up entirely of enlisted men and civilians, without a doctor, I was moved to this camp in July 1945 to become Camp Commander and Doctor. The usual rigamarole followed: "If any man escapes, you will be shot. You are responsible." None of the boys walked out, but on September 2 I walked a couple of AAF pilots — the first free Americans we had seen in thirty-nine months.

In the few days after that we had many thrills: American food in great quantity dropped from B-29's for us, and the trip by air to Tokyo, Okinawa, and so to the Philippines, again. But here was a much changed scene: jeeps and G-I trucks, ruined buildings, G-I's and gobs, giggling Filipinos, hundreds of airplanes, and mountains of equipment. But nothing quite compared with the sight of that Golden Gate Bridge, symbolizing the United States and home. It was certainly a high spot for us all, emotionally, when we came down the gangplank, to walk again in the U.S.A.

After taking the course here at the School of Aviation, Randolph Field, Texas, I plan to resume my Fellowship in Surgery at Rochester. I am delighted that the medical checks given me since my return to the States have all been satisfactory.



MISS JOHNSON

V.D.—lymphogranuloma inguinale, G.C., lues, chancroid, but no granuloma—though in the Philippines the boys say there is a lot of it. V.D. right now is China's most lucrative export, I believe. I've seen over 100 cases a day here in the OPD during the heydays of the Christmas period.

My surgery has consisted of one dramatic nephrectomy for arterial bleeding in a ruptured kidney, hydronephrotic from congenital uretero-pelvic obstruction, two nephrolithotomies and pyelolithotomies, five ureteral stones. One patient had LLQ pain while his visible stone was on the right. I couldn't get a catheter up the lt. but was suspicious enough of the situation to make a mid-line approach and expose both ureters. The Lord rewarded me with a nice stone from each ureter—one opaque, the other almost non-opaque.

How I miss White 10, its fascinating problems, company, (and good advice!). I've just seen by the MGH NEWS that Howard, Uly, and Dr. Kelley are back. I wonder if Simeone and Dick Chute are, too. [They are. Editor] I can't wait to get back and rejoin the land of the living from this welter of waiting. Points are down to 42 May 15th, which will at last excise me from the Orient. June 15th will, in all likelihood, see me home.

Tell your children if they misbehave you'll send them to China. They should behave like angels forever after.

If you question the veracity of the slogan "Join the Navy and see the world", just ask Lt. Ben Eiseman, MC, USNR (ES 1943). After his "floating bathtub" days, on LST's and LCI's off the coast of France, he was sent to the Southwest Pacific. A letter, written at sea in November 1944, said he expected his next assignment

would be with some Rubber Boat outfit off Antarctica, if his changes of address continued. Last October we lost contact with Lieutenant Eiseman. His NEWSes began to be returned to us, and we were about to send a where-are-you letter to him, c/o South Pole, when Lt. John H. Peters, MC, USNR (WM 1943) sent us a clipping from the *New York Times* of March 1. And where—of all places—do you suppose Lieutenant Eiseman is? In Egypt!

The *Times* article, written by Clifton Daniel, describes the recent anti-British riots in Cairo, and concludes with:-

One episode of last Thursday's riots that has now come to light is that some victims, who had been taken to an Egyptian first-aid hospital in Cairo, received treatment from a foreigner in khaki uniform who had himself been attacked by a mob during that afternoon.

While an angry crowd of several hundred waited for him outside the hospital gates, Lieut. Ben Eiseman of the United States Navy assisted Egyptian doctors in treating men and boys wounded by gunfire, sticks, stones and flying glass. "It was just like a casualty clearing station," said Lieutenant Eiseman, who had participated as Navy doctor in the landings on Normandy, Okinawa and the Philippines.

Lieutenant Eiseman, who attended Yale and the Harvard Medical School, comes from Saint Louis, Mo.

What an exciting contribution to the "Now it can be told" column Lieutenant Eiseman can send us! We're all waiting for it!



Our ether collection in the Archives Department contains many items of particular interest. For instance, some of you may not be familiar with the history of the "chairman's bell" which is in the cupboard in the Trustees' Room. Among our ether papers is a copy of an article prepared for the *British Medical Journal* for December 2, 1922. An excerpt from that article, concerning the rapid spread of the news of the first public demonstration of the use of ether in surgery reads:-

It reached London within about two months, the flame being carried in a letter from Dr. [Henry J.] Bigelow [a Visiting Surgeon at M.G.H. in 1846] to Dr. Boot of Gower Street, who immediately communicated the facts to Mr. Liston, then surgeon to University College Hospital. Liston consulted a friend, Mr. Peter Squire, a well-known pharmacist. It so happened that Mr. Squire had a nephew (afterwards Dr. William Squire) who had entered University College that October, and that this young man had made some experiments on himself with ether in the chemistry class at the College and had found out that he could bruise his knuckles across the iron ends of the classroom desks without any sense of pain at the time. Young Squire rigged up an apparatus with a glass bottle and inhaled ether in Liston's presence. Liston made a small puncture under Squire's finger-nail and was satisfied that he was insensible to pain. Liston had at that time under his care a delicate fair-haired man worn out by suppurating disease of the knee and loss of sleep from the jerks caused by eroded cartilage. On December 21st Squire administered ether to this patient and Liston amputated above the knee. Liston was famous for his speed, and the amputation was completed in twenty-seven seconds. The patient was quite unconscious during the operation, and so remained when removed from the theatre. Dr. F. William Cock gave many details of the occasion in the University College Hospital Magazine in 1911. He had consulted the notes made in the case book at the time and had conversed with three persons who were present—the late Dr. Frederick Cock (Dr. William Cock's father), his brother-in-law, Dr. Henry Maund, and Dr. William Squire, whose name has already been mentioned. It may be remembered that it was announced at the recent annual dinner of past and present students of University College Hospital that Dr. William Cock had had two chairman bells made to commemorate the first operations under ether in America and in this country. He presented one of the bells to the Massachusetts General Hospital, where the first operation under ether was performed, and the other to University College Hospital. The bells are made from the metal of an old bell in the church of Appledore in Kent (1621), and each is supported on an iron hoop made from the rails of the surgical theatre in the old University College Hospital. The stand is made from the oak frame of the old bells at Appledore (1685). Each bell bears the same inscription round the crown, NOLAE PULSATIO AMORIS RATIO. On one side is "General Hospital, Massachusetts, Oct. 16"; on the other "University College Hospital, Dec. 21"; and in the middle the year—1846. In explanation of the inscription round the crown it may be said that Nola in Campagna was the chief place for bell founding in the early times, so that its name became synonymous with bell. The inscription may be freely translated "When I do sound let joy abound".

Dr. Washburn, in his history of Massachusetts General Hospital, gives additional information regarding the bells which will be published in a subsequent issue of *The News*.

professor of medicine at the Harvard Medical School, a post which he is resigning.

Dr. James E. Fish (ES 1930), Assistant in Surgery, left on April 15 for Schenectady, N. Y., to assume his new duties as Director at the Ellis Memorial Hospital and Assistant to the Dean at the Albany School of Medicine. Dr. Fish recently returned from duty with the Army, after serving for more than three years as Chief of Surgery at the North Sector General Hospital in Hawaii.

Lt. Peter T. Brooks, MC, USNR (ES 1943) stopped in for a visit with us the other day. He was apartment hunting while on vacation, and goes on terminal leave May 21.

While we surmised, from his letters, that Lieutenant Brooks had participated in several major engagements in the Southwest Pacific, we had no idea of the actual number until we saw his service ribbons. He was in on the invasions of Sicily, Salerno, Naples, Guam, Saipan, Iwo Jima, Leyte, and Lingayen Gulf; and wears the European ribbon with 2 stars, Pacific ribbon with 4, Philippine Liberation ribbon (a foreign decoration) with 2 repeated stars, Commendation ribbon, and American Theatre ribbon.

Quite by accident, we stumbled upon what we consider to be some rather unusual experiences that have befallen Dr. Ching Tung Liu, one of our new Residents in Neurosurgery. In spite of Dr. Liu's reticence, we succeeded in dispelling his fears that someone might think he was seeking publicity, and persuaded him to tell us his story.

While he was an Intern in Surgery at Peiping Union Medical College, in 1937, the war in China started about twenty miles from the College, at the famous Marco Polo Bridge. "We treated the very first casualties of the war," he said. He became interested in that type of work and decided to serve in the Army. When he was graduated, in 1938, he immediately went to South China, joined the Chinese Red Cross, and worked with the Mobile Surgical Unit attached to the Chinese Army. "At that time," he said, "the only help the Chinese Red Cross was getting was from foreign sources." After Pearl Harbor the entire Unit became commissioned in the Chinese Army. All the Red Cross doctors became Lieutenant Colonels. He worked in hospitals and training schools, and spent seven months in India training Chinese medical officers while General Stilwell was in command. Later he was transferred back to China, to a Medical Training Center in Yunnan Province.

The reason Dr. Liu has come to America to study is because China has no personnel or equipment for neurosurgical cases. "In all of China there is only one trained neurosurgeon," he said. He came to the States in December 1944 and joined the Cushing General Hospital in order to get his training at that neurosurgical center.

This story of Dr. Liu's makes us wonder if there may not be other undisclosed experiences which our House Officers and Interns may have encountered and which, by the telling, would help the hospital "family" know each other better.

After making several unsatisfactory attempts to describe the hobby exhibit in the Brick Corridor, we have decided that no amount of superlatives could convey an adequate portrayal of the display. While we were all set for something extra-special, we had no idea there existed such really remarkable artistic talents among the members of our Staff. The items would do credit to many professional exhibitions we can think of.

There are photographs of outstanding charm; lovely paintings and black-and-whites; beautiful jewelry and carvings in plexiglass that make one's mouth water. There are typewritten bound books, written to the doctors' families, delightfully illustrated in color by the authors. But there we go again—indulging in those inadequate superlatives. You must see for yourself to believe. Come—and marvel!

The manner of arrangement of the show demands special mention. The nice new wall cases, donated by Dr. Arthur W. Allen and the Ladies' Visiting Committee, are in use for the first time. Unique captions—unstereotyped and chatty—explain the pieces and announce the exhibitors. Credit for the pleasing arrangement of the articles goes to Miss Muriel McLatchie and her assistants.

Those who have items on display are Lt. Col. Edward F. Bland, Capt. George H. A. Clowes, Jr., Major John R. Graham, T/3 Gordon Haynor, Capt. Theodore H. Ingalls, Capt. John B. McKittrick, Major Hermann B. F. Seyfarth, Comdr. Herman J. Sternstein, Major Somers H. Sturgis, Lt. Col. Grantley W. Taylor, and Capt. Stanley M. Wyman.

The first issue of *The world of the M.G.H.* appeared in April. It is a new publication, aimed at a cross section of the hospital, and is to be distributed to all employees and members of the House Staff.

Mr. Hamilton, who has been in attendance in the doctors' parking lot for nearly fifteen years, wishes to extend this message to the members of the Staff who have been in military service and to those who are still away. He says he has read every issue of THE NEWS "from cover to cover" and has kept track of you all during the war and since; and he is happy once more because nearly all of the doctors have returned.

Excerpts from the April *Baker News Letter*:

STATUS OF BEDS: On 19 March 1946 the patients on BM-2 were moved to the newly painted BM-6. The second floor is now being painted and will be opened about 15 April. The present bed capacity is 275; it will be 303 when all floors are open.

BLUE CROSS AND BLUE SHIELD: During April there will be a Blue Cross and Blue Shield drive at the hospital. By special arrangement with the Massachusetts Hospital Service, members of the Baker Staff will be permitted to join during this drive. Blue Shield will be opened to physicians in answer to the request of many who wish to join, so that when they or their families are hospitalized the attending physician might receive some compensation for his services. You may join either or both Blue Cross and Blue Shield. For further information, contact Miss de Lue, Room 144, Baker Memorial.

MISCELLANEOUS: During February 1946, 39% of all admissions were Massachusetts Blue Cross subscribers, as compared to 28% in February 1945. The percentage of patients during February who were covered by some form of hospitalization insurance was 44%.

T. Stewart Hamilton, M.D.,
Assistant Director

John D. Kenney, a past orderly at Baker Memorial, was instantly killed in an automobile accident on March 18. He enlisted in the Coast Guard early in 1941, at the age of seventeen, and received his Stoneham High School diploma while on duty in the Pacific. He participated in the invasions of the Marshalls, Admiralties, Palau, Saipan, Leyte, and Luzon, and was one of the service men selected for the color guard at the UNO Conference in San Francisco. He had received his discharge from military service in February.

Mr. MacNair says that Kenney came in to see him only four days before the accident. He was planning to return to Baker on May first for the summer, and to attend a school of pharmacy in the fall.

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DERMATOLOGY DEPARTMENT
Excerpts from the April bulletin:

An interesting letter has arrived from Capt. Ralph H. Luikart, Jr., MC, AUS (M 1944). He has made several trips across the Pacific to bring back wounded military personnel aboard the *U.S.S. Comfort*. He has finally been assigned to shore duty in California, where his address is Station Dispensary "B", Camp John T. Knight, Oakland, Cal. Dr. Luikart hopes to return to this department at the General whenever he is discharged, but that is an indeterminate future date.

With deep regret we announce that Mrs. M. J. Romero is taking an extended leave of absence. Even the oldest former members of the Dermatology Department will remember Mrs. Romero with affection, since she has been our intravenous technician for nearly thirty years. We hope she will return to us after her visit to Scotland.

Mrs. James Downar will take over Mrs. Romero's duties. Mrs. Downar was in charge of Ward G for a number of years and has more recently been Head Nurse in our Out-Patient Department.



In addition to the citations already mentioned in The News, the following have been received:-

Col. F. Dennette Adams, MC (WM 1918)—Legion of Merit . . . As Consultant in Medicine, Headquarters, Fourth Service Command, from July 1944 to October 1945, Colonel Adams demonstrated exceptional qualities of leadership in training and directing the medical services of the command. He effectively coordinated a program consistently maintaining the highest professional standards for the care of the sick and wounded.

Major Robert L. Patterson, Jr., MC (Or. 1935)—Legion of Merit . . . for exceptionally meritorious conduct in the performance of outstanding services as Chief of the Orthopedic Section, Surgical Service, 2nd General Hospital, from 15 July 1942 to 18 January 1945. Major [later Lt. Col.] Patterson organized and administered this section with great skill, foresight and outstanding professional ability. He trained officers, nurses and enlisted men of his own and other hospital units in the principles of orthopedics and the correct treatment of fractures. Major Patterson displayed intelligence and initiative in the improvisation of necessary equipment, building from materials available locally, an orthopedic table urgently needed. He performed valuable service as a consultant for the Chief Surgeon, European Theater of Operations. Major Patterson's extraordinary ability as a surgeon and his sound judgment resulted in much alleviation of suffering and saving of life. . . .

Lt. Col. Fiorindo A. Simeone, MC (WS 1936)—Legion of Merit . . . for exceptionally meritorious conduct in the performance of outstanding services in the Mediterranean Theater of Operations from 27 August 1943 to 1 August 1945. As consultant in General Surgery, Lieutenant Colonel Simeone personally operated upon, supervised and observed the management of seriously wounded soldiers in the forward mobile hospitals and in fixed hospitals, always combining the accurate critical appraisal of scientific research with humane technical skill of the experienced surgeon. He initiated and conducted clinical research in the field on a succession of important and unsolved problems that surrounded the surgical treatment of the wounded, pointing the way in each instance to the elimination of life endangering complications. His ingenuity and precision in making and recording observations on gas gangrene and destructive wounds of major blood vessels, contributed to the introduction of methods of treatment that saved lives and preserved limbs, observations on the occurrence, nature and causes of trench feet were of aid in the introduction of successful control measures. Actively participating in the work of a Board to study the treatment of the seriously wounded, he brought to light new facts regarding the bodily disturbances that attend certain fatal complications of wounds. These observations opened the way toward the prevention and more effective management of these complications that constantly challenged the skill of forward surgeons. . . .



At their meetings on March 8 and 22 and April 5, the Board of Trustees voted: To accept with regret the resignation of Dr. Francis R. Dieuaide; To accept the resignation of Dr. Thomas A. Warthin with regret; To accept the resignation of Dr. George M. Wyatt from the position of Assistant Radiologist;

To grant a Dalton Scholarship to Dr. William P. Chapman; To grant Dr. J. Wallace Zeller the privilege of seeing private patients at the Hospital for a period of one year; To establish a Junior Residency in Orthopedic Surgery carrying a salary of \$750 per annum, appointments to be for six months or one year, according to recommendation of the Chief of Service.

To promote:

Dr. William Dickson from the position of Intern to that of Assistant Resident on the Children's Medical Service, beginning April 1;

Dr. Richard S. Dodge to the position of Junior Resident in Orthopedic Surgery for nine months, beginning April 1;

Dr. James E. Kreisle from Assistant Resident to Resident, as of April 1.

To appoint:

Dr. Victor G. Balboni as Assistant in Medicine, effective as of March 1;

Dr. Bernard D. Briggs as Fellow in Anesthesia for one year, beginning September 1;

Dr. Franklin L. DeBusk as Intern on the Children's Medical Service, beginning April 1;

Dr. Chester W. Fairlie as Assistant Resident on the Medical Service for six months, beginning March 1;

Dr. Donald Harting as Intern on the Children's Medical Service, beginning April 1;

Dr. John Homans, Jr. as Assistant Resident on the Medical Service for six months, beginning April 1;

Dr. Haukur Kristjansson as Assistant Resident in Orthopedic Surgery for three months, beginning April 1;

Dr. William Law as Assistant Resident in Orthopedic Surgery for six months, beginning April 1;

Dr. Stuart Quan as Intern in Pathology for fifteen months, from April 1 to June 30, 1947;

Dr. Edward P. Richardson as Assistant Resident in Psychiatry, beginning January 1, 1947;

Dr. David H. Riege as Intern on the Children's Medical Service, beginning April 1;

Dr. Samuel B. Thompson as Second Assistant Resident in Orthopedic Surgery for one year, beginning April 1;

Dr. Marshall R. Urist as Senior Resident on the Orthopedic Service for one year, beginning April 1.

To reappoint:

Dr. Thomas B. Brazelton as Assistant Resident on the Children's Medical Service for one year, beginning April 1;

Dr. Samuel C. Capps as Intern in Pathology for three months, beginning April 1;

Dr. William J. Emerson as Assistant Resident in Pathology for fifteen months, from April 1 to June 30, 1947;

Dr. J. Peter Kulka as Assistant Resident in Pathology for fifteen months, from April 1 to June 30, 1947.

To make the following appointments to the Surgical Resident Staff, beginning April 1:

First Assistant Residents

Dr. Rodolfo E. Herrera

Dr. Chiu-an Wang

Dr. Lester P. K. Yee

Second Assistant Resident

Dr. George H. A. Clowes, Jr.

Third Assistant Residents

Dr. Walter S. Kerr, Jr.

Dr. William V. McDermott

Dr. John B. Millet

Dr. Dexter N. Richards, Jr.

Dr. Thomas Rutter

Dr. William D. Shorey

Dr. Robert J. Tracy

The General Executive Committee, at meetings on March 20 and 27 and April 3, voted to appoint as Graduate Assistants:

Dr. Gerald G. Garcelon, in Surgery, assigned to the Tumor Clinic

Dr. G. Douglas Krumbhaar, in Surgery, for work in the Out-Patient Department

Dr. Henry H. W. Miles, in Psychiatry

Dr. Herman B. F. Seyfarth, in Dentistry

Dr. Norman J. Wilson, in Surgery, for work in the Out-Patient Department



MASSACHUSETTS EYE & EAR INFIRMARY

Dr. Edwin B. Dunphy, Clinical Professor of Ophthalmology, Harvard Medical School, and Chief of Ophthalmology, Massachusetts Eye and Ear Infirmary, has very kindly contributed this abstract of his talk, given before the New England Ophthalmological Society, on March 19. His subject was "Penicillin in ocular infections—A review of the literature".

Penicillin is usually superior to the sulphonamides for the following reasons:

(1) It is generally non-toxic by all routes of administration.

(2) Its antibacterial action is not inhibited by autolytic products and secretions.

(3) It has little, if any, deleterious effects on the regeneration of corneal epithelium.

(4) It is not incompatible with other drugs commonly used, such as atropine, cocaine, procaine, sulphadiazine, etc.

With these advantages it should be the drug of choice in treating any ocular infection known to be due to penicillin-sensitive organisms.

However, unless certain basic facts are understood regarding its distribution in the ocular tissues by various methods of administration, many cases will not be treated effectively, and much valuable time will be lost before the ocular infection can be brought under control.

The weight of experimental evidence seems to indicate the following recommendations for treating eyes infected with penicillin-sensitive organisms:

(1) Intramuscular and intravenous injections of penicillin will probably have little effect in controlling infections of the anterior and vitreous chambers.

(2) Sub-conjunctival injections may have some effect on infections of the anterior chamber, but are probably worthless in infections of the vitreous.

(3) Infections of the vitreous can probably be most effectively treated by a single intravitreal injection of 0.1 cc. of penicillin solution containing not more than 500 units.

(4) Infections of the anterior chamber will probably be controlled by local application of saturated cotton packs, or by iontophoresis. Corneal bath and sub-conjunctival injection will probably be less effective. In cases of perforating corneal injury with damage to the lens, a single injection of 0.1 cc. of a solution of penicillin containing not more than 500 units may be justified.

(5) For conjunctivitis and infected corneal ulcers, frequent instillations of penicillin drops or ointment will probably be effective. Saturated cotton packs under the lids, iontophoresis, or corneal bath should be tried in very severe cases.

The Infirmary is considering establishing an Eye Bank to be affiliated with the Eye Bank for Sight Restoration, Incorporated, in New York City. By this means, any individual may will his eyes, to be given to the Eye Bank after death. If the eyes are removed within a few hours following death, the corneas can be refrigerated and used for corneal transplant on a living subject.

Dr. Donald E. Moore (*Oph.* 1937) and Mrs. Moore came in to see us recently. Dr. Moore is now back in civilian life and is located in Syracuse, New York.

Lt. Col. George A. Filmer, MC (*Oph.* 1939), in this "first letter" to THE NEWS, reports his promotion in rank and his release from military service.

I want to express how good it has seemed to have received THE NEWS with its information about old friends from the General and the Eye and Ear.

I have spent my entire Army career here at William Beaumont General Hospital, El Paso, Texas, as Chief of the special eye center, and now—after 46 months—have received my release to return to civilian status. I intend to return to private practice of ophthalmology in Denver.

I now have a Texan in the family in the form of a young daughter, born last Thanksgiving Day.

A short note from Dr. Joseph Lentine (*Oto-Lar.* 1936) says:-

I wish to express my appreciation of THE NEWS which did such a magnificent job in keeping us up to date with "GENERAL" matters while in the service. It was a pleasure to receive the paper monthly even though it did cause a nostalgic feeling for "Beantown".

At present I am on terminal leave, with an office at 520 Commonwealth Avenue, undergoing civilian conversion.

As long as THE NEWS is published, please continue to send it.

Dr. Lentine was promoted to Major before his retirement from the Army.



The following men have returned to active duty on the Staff, as of the dates given:

Dr. Franklin G. Balch, Jr., Assistant Surgeon	June 1
Dr. Walter Bauer, Physician	Feb. 1
Dr. Bradford Cannon, Assistant Surgeon	April
Dr. Alfred L. Duncombe, Assistant in Medicine	March 11
Dr. Richard W. Dwight, Assistant in Surgery	February
Dr. James E. Fish, Assistant in Surgery	February
Dr. Saul Hertz, Assistant in Medicine	March 11
Dr. Daniel H. Hindman, Assistant Obstetrician	March 11
Dr. Joseph A. Holmes, Assistant in Surgery	April 1
Dr. G. Elliott May, Assistant Obstetrician	March 11
Dr. H. Bristol Nelson, Assistant Obstetrician	March 13
Dr. John H. Talbott, Assistant Physician	May 1
Dr. Augustus Thorndike, Consultant in Traumatic Surgery	
Dr. Frederic Tudor, Assistant in Medicine	April 1
Dr. James C. White, Chief of Neurosurgery	March 11
Dr. Richard G. Whiting, Assistant in Medicine	March 11

New addresses:-

Capt. Franklin G. Balch, Jr., MC, USNR (*ES* 1925), 333 Brookline St., Newton Center, Mass.
 Lt. Col. Walter M. Bartlett, MC (*CM* 1927), 125 Michigan Ave., Decatur, Ga.
 Lt. Ronald C. Bishop, MC, AUS (*M* 1945),

280th Station Hospital, APO 872, c/o Postmaster, New York, N. Y.

Dr. Austin M. Brues (*EM* 1932), 5715 Drexel Ave., Chicago, Ill.

Col. Richard Collins, Jr., GSC (*ES* 1933), ODI, Hq. OMGUS, APO 742, c/o Postmaster, New York, N. Y.

Capt. Richard S. Cosby, MC, AUS (*EM* 1940), 117 East Colorado St., Pasadena 1, Cal.

Lt. Joseph A. Elliott, MC, AUS (*M* 1945), Headquarters, Medical Section, Personnel Center, Fort Meade, Md.

Capt. Lytt I. Gardner, MC, AUS (*CM* 1944), South Park Drive, Reidsville, N. C.

Capt. Joseph P. Holihan, MC, AUS (*ES* 1943), 239th General Hospital, APO 887, c/o Postmaster, New York, N. Y.

Dr. Harry C. Hughes (*Or.* 1937), 203 Metropolitan Bldg., Denver 2, Col.

Major S. Rodman Irvine, MC (*Oph.* 1935), 612 North Alpine Drive, Beverly Hills, Cal.

Capt. F. George Johnson, DC, AUS (*Dn.* 1943), Regional Hospital, Camp Robinson, Ark.

Dr. Robert D. Mattis (*Oph.* 1942), 634 North Grand Blvd., St. Louis, Mo.

Lt. Frederic B. Mayo, MC, USNR (*a.r.p.* 1944), 144 Beach Bluff Ave., Swampscott, Mass.

Col. Donald McNeil, MC (*Or.* 1930), 1339 44th St., Sacramento, Cal.

Dr. Richard L. Pearce (*ES* 1934), 602 West Chapel Hill St., Durham, N. C.

Lt. Edward P. Richardson, Jr., MC, AUS (*EM* 1943), 219th General Hospital, APO 957, c/o Postmaster, San Francisco, Cal.

Lt. Royal S. Schaaf, MC, AUS (*WM* 1943), England General Hospital, Atlantic City, N. J.

Lt. Frank C. Wheelock, Jr., MC, AUS (*ES* 1943), 202nd Station Hospital, APO 732, c/o Postmaster, Seattle, Wash.

Brief bits:-

Dr. Marcus E. Farrell (*CM* 1934) has returned home from duty as a Lieutenant Commander in the Navy. His address is 318 Spring Ave., Clarksburg, W. Va. He says he enjoys THE NEWS so very much he doesn't want to miss a single copy.

Dr. Monroe A. McIver (*ES* 1922) is now on inactive service. His address is 32 Fair St., Cooperstown, N. Y.

Bruno Mickleit is back at M.G.H. His overseas assignments included Haiti and Hawaii, where he served as medical photographer.

Lt. Grant V. Rodkey, MC, AUS (*WS* 1943) has arrived in Shanghai. His address is Military Casual, 19th Base Post Office, APO 946, c/o Postmaster, San Francisco, Cal.

Dr. Arie C. van Ravenswaay (*P* 1934) has returned to civilian practice at the C. H. van Ravenswaay Clinic, Victor Bldg., Boonville, Mo., after serving with the Army Air Forces. He was promoted to Lieutenant Colonel before his discharge.

Military addresses received for those who finished training at M.G.H. on April 1:-

Lt. John W. Bell, MC, USNR, Chelsea Naval Hospital, Chelsea 50, Mass.

Lt. Robert L. Berg, MC, USNR, Chelsea Naval Hospital, Chelsea 50, Mass.

Lt. Jack S. Parker, MC, USNR, U.S. Naval Dispensary, Navy Department, Washington, D. C.

Lt. Earle W. Wilkins, Jr., MC, USNR, U.S. Naval Hospital, Newport, R. I.

Dr. William A. Reilly (*CM* 1928) has sent us an all-too-brief note. About a year ago we learned that, while driving blackout one night in Eastern France, his driver had "bashed into a large French truck which had broken down (as they often did) and was left in mid-road (as they often were)." Dr. Reilly suffered

a compound fracture of the left tibia and a fractured femur, and was sent back to the States. Now, from 450 Sutter Street, San Francisco, he writes:-

I was put on terminal leave January 8, 1946, and promoted to Colonel. My fractured left leg and thigh are doing well.

I have resumed private practice of pediatrics at the above address.

Dr. Ellsworth H. Trowbridge, Jr. (*r.p.* N 1940) has resumed private practice in neuropsychiatry at 5611 Lydia Street, Kansas City, Missouri. This letter from him includes a fine tribute to Colonel Walter Bauer (*r.p.* *WM* 1927).

I received notice of my promotion to Lieutenant Colonel on 21 January 1946, and completed active duty in April. My last assignment was Chief of Neuropsychiatric Service at Camp Joseph T. Robinson, Arkansas.

THE NEWS has been greatly appreciated during my 4 years 7 months and 17 days of active military duty. It was a welcome and good informer of everyone's activities.

Several of my most interesting experiences in the Army were spent with Colonel Bauer, Medical Consultant for the 8th Service Command, whom you all know, and who did a great service toward improving the medical practice and standards of the 8th Service Command. His visits as Medical Consultant were always enjoyed by all officers under his command.

About a year ago we published a letter from Lt. Joseph M. Stowell, MC, USNR (*gr. asst.* 1944). That he was on duty somewhere in the Pacific Area was all we could reveal, at the time. Now comes word of his transfer back to the States.

My present address is U.S. Naval Hospital, Portsmouth, Va. I was detached from my former station at Kaneohe Bay Naval Air Station on Oahu on January 14 and had fifteen days' leave before being assigned here on the surgical service.

Not since before the surrender of Japan had we heard directly from Lt. Robert H. Hepburn, MC (*r.s.* *U* 1943). Therefore, this letter from him, to Dr. Fletcher H. Colby, is especially appreciated. It reveals his whereabouts and the nature of his present activities.

I can't say we've come as far as you did—this isn't India, but it sure is China. I have been hoping steadily that we might shove off for home via Suez, but it now looks as though this ship will spend the summer in Tsingtao. If you'll look on the map you can see that it will be the end of nowhere and surrounded by Communists. We were up there last week on a sort of shake down cruise—for we've been tied up here in Shanghai since September—and, except for our ships, the Marines, and the remains of German construction, it is very Chinese—which is to say poor, poorly run, and run down. Before the war the American Navy ships "summered" in Tsingtao. They are preparing to do so again. There is one good beach up there. The water is clear—not muddy yellow like this Yangtze—so it really should be very pleasant.

Our work here has let up a great deal the past few weeks. A month or so ago I had over 100 patients. Now I have 24. My 26-bed g-u ward has only 7 occupants tonight; my V. D. wards the rest. The acute drop is due to 200 patients we discharged today—150 to the hospital ship *Samaritan*, tied to our starboard gunwales, and the 50 we returned to duty. The *Samaritan* is returning to the States. [Lt.] Bob Tucker [MC, USNR (*WS* 1940)] is acting as Urologist because he's the only general surgeon there with scope knowledge and usable g-u training, gleaned at the General.

My work, small wonder, has been mostly

1-98: 10/2-17- Sally Johnson

